

# **Virginia Department of Medical Assistance Services**

## **Division of Aging and Disability Services**

### **Electronic Visit Verification (EVV) FAQ**

#### **As of March 28, 2018**

**Question: Why is there a requirement to use an EVV system?**

Answer: The federal 21st Century CURES Act requires states to implement Electronic Visit Verification (EVV). States must comply with this requirement for Medicaid in-home personal care by January 1, 2019 and for Home Health Services by January 1, 2023. If the state does not comply or has not been granted a deadline extension by CMS, the Federal medical assistance percentage will be reduced. The 2017 Virginia Appropriations Act expanded the use of EVV to include consumer directed personal care and respite and companion services effective January 1, 2019.

**Question: What happens if I don't use and EVV system?**

Answer: In order to continue to provide personal care, companion services, and respite care and to be reimbursed by Virginia Medicaid, the use of an EVV system is required. If a provider does not use an EVV system, their claim(s) will be denied.

**Question: Will Virginia Medicaid provide a list of approved EVV vendors?**

Answer: Virginia Medicaid does not and will not approve EVV vendor systems. To facilitate the adoption of an EVV system by the provider community, Virginia Medicaid may from time-to-time provide a list of EVV systems. Utilizing a system on such publications by the Department of Medical Assistance Services does not constitute an assurance of regulatory requirements. It is the responsibility of the provider to ensure that it meets Virginia Medicaid's requirements.

**Question: What are the requirements for an EVV the system?**

Answer: Complete information is not available at this time as CMS is currently working on guidance. However, there are certain requirements that have been identified to date. The system must be able to verify the attendant is onsite. This can be accomplished by either GPS or caller ID from the member's home. Most EVV vendors have an option to handle this manually in the event cell service is not available or if the member does not have a telephone or will not let the attendant use their telephone.

**Question: Can an individual/member receive services in the community with EVV?**

Answer: Yes. The use of EVV does not change the services or location in which services are provided. Members will be permitted to receive services in accordance with their care plan and existing program rules.

**Question: Are there any community settings where EVV will not be required?**

Answer: Yes. EVV will not be required for individuals in group home licensed by Department of Behavioral Health and Developmental Services (DBHDS), a sponsored residential home, the Reach Program, or in a school where the personal care is tied to an Individualized Education Program (IEP).

**Question: Will any of the Healthcare Common Procedure Coding System (HCPCS) billing codes change?**

Answer: There will be no change to HCPCS coding.

**Question: How long must records be maintained?**

Answer: As with all provider records, they are to be maintained for seven (7) years.

**Question: Who pays for the EVV system?**

Answer: The provider is required to obtain and pay for the use of their own EVV system. Virginia Medicaid will pay to modify its internal system that will allow EVV information to be uploaded/inputted.

**Question: Will the Virginia Medicaid system have edit checks?**

Answer: The Virginia Medicaid system will have several system edits. At this point, the following edits will be included:

- Standard edit processes such as member and provider eligibility;
- Verifying the claim or encounter is supported by and consistent with EVV data;
- Verifying the claim is supported by and consistent with a service authorization (SA);
- Pricing the claim using the appropriate rate for the procedure code submitted; and
- Checking for duplicate or overlapping services.

**Question: Will there be the chance to test our EVV process with the billing system prior to the effective date of January 1, 2019?**

Answer: The Virginia Medicaid system being developed to collect the required EVV data will include a testing phase. The plan is to allow access to the system 60 to 90 days prior to the effective reporting date.

**Question: Is the State going to be measuring providers a new way?**

Answer: The State will continue to measure providers as they do today. The only additional measurement when EVV is in place will be if providers are using EVV as instructed for personal care, companion services, and respite care.